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TRANSMITTAL FORM

*(to be used for all correspondence during pendency of
filed application)*

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|--|----|------------------------|------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i> | | Application Number | 10/765,578 |
| | | Filing Date | January 26, 2004 |
| | | First Named Inventor | Robert A. York |
| | | Group Art Unit Number | 2811 |
| | | Examiner Name | Junghwa M. Im |
| Total Number of Pages in This Submission | 14 | Attorney Docket Number | 22994-08791 |

ENCLOSURES *(check all that apply)*

| | |
|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed | <input type="checkbox"/> Issue Fee Transmittal |
| <input checked="" type="checkbox"/> Return Receipt Postcard | <input type="checkbox"/> Letter to Chief Draftsperson |
| <input type="checkbox"/> Response to Notice to File Missing Parts | <input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) [] |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Declaration | <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Certified Copy of Priority Document(s) |
| <input type="checkbox"/> Application Data Sheet | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A | <hr/> |
| <input type="checkbox"/> Copies of IDS Cited References | <hr/> |
| <input type="checkbox"/> Request for Corrected Filing Receipt | <hr/> |
| <input type="checkbox"/> Request for Correction of Recorded Assignment | <hr/> |
| <input checked="" type="checkbox"/> Amendment/Response: 11 Page(s) | <hr/> |
| <input type="checkbox"/> After Final | <hr/> |
| <input type="checkbox"/> Status Request | <hr/> |
| <input type="checkbox"/> Revocation and Substitute Power of Attorney | <hr/> |

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT

SIGNATURE OF ATTORNEY OR AGENT

| | | | |
|--------------------|---|--------|---------------|
| Signature: |  | | |
| Attorney/Reg. No.: | Michael W. Farn, Reg. No. 41,015 | Dated: | APRIL 5, 2005 |

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

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| Signature: |  | | |
| Typed or Printed Name: | Michael W. Farn | Dated: | APRIL 5, 2005 |
| Express Mail Mailing Number (optional): | | | |

